

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -3 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F21002

1. Corporation Name

Molko Realty Enterprises, Inc.

2. Principal Office Address

1458 Ocean Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

3. Mailing Office Address

1458 Ocean Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/21/1988

5. FEI Number

59-2066099

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald S. Molko

Street Address (P.O. Box Number is Not Acceptable)

891 Captiva Drive

Suite, Apt. #, Etc.

City

Hollywood,

State

FL

Zip Code

33019

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 2/26/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Ronald S. Molko	891 Captiva Drive	Hollywood, FL 33019
D	Ronald S. Molko	891 Captiva Drive	Hollywood, FL 33019

03/03/03--01069--017 **300.00

600012342386

03/03/03--01069--017 **300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

Date

305-672-4554

Daytime Phone #

CR2E081 (10/02)

314

MOLKO REALTY ENTERPRISES, INC.
1458 OCEAN DRIVE
MIAMI BEACH, FLORIDA 33139
(305) 672-4554
FAX (305) 672-4553

February 24, 2003

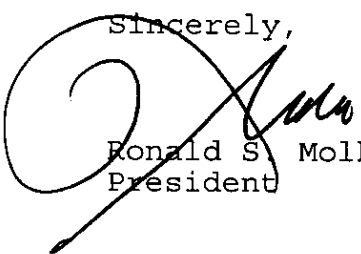
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Corporation Reinstatement

To Whom It May Concern:

Enclosed please find our application for Corporation Reinstatement.
Also enclosed is a check for \$300.00 for the report fees due in
2002 and 2003. Please waive all other charges.

If you should need any additional information do not hesitate to
call my bookkeeper Maria Errickson.

Sincerely,



Ronald S. Molko
President